

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

RECEIVED
FEC MAIL CENTER

2016 FEB 8 AM 7:33

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

PATIENT'S RIGHT TO EXCELLENT MEDICINE

ADDRESS (number and street)

44 SPRING DR PO BOX 28



Check if different than previously reported. (ACC)

CUSTER CITY PA 16725

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C46-5217436

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☒ Jul 20 (M7) and/or Semi-annual Report

☐ Oct 20 (M10)

☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Special (12S)

☐ Convention (12C)

Election on

MM / DD /

MM / DD /

MM / DD /

in the State of

MM / DD /

This report also covers the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the State of

MM / DD /

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers 07 / 01 / 2015 through 12 / 31 / 2015 and/or

☐ January 1 - June 30
☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

31179.06

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

HAROLD T. BECK

Signature of Treasurer

Harold T. Beck

Date

MM / DD /

MM / DD /

MM / DD /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

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02/2009